

AMERICAN COLLEGE OF
VETERINARY SURGEONS



RESIDENCY PROGRAM GUIDELINES

July 1, 2008 – June 30, 2009

ACVS RESIDENCY PROGRAM GUIDELINES

The policies and procedures outlined in this document are in effect for residencies beginning July 1, 2008 to June 30, 2009.

All residents must use the web-based Resident Training Log system to document ACVS training requirements as outlined in these guidelines. Resident Advisors and Program Directors have responsibilities for using the online system. A description of the Resident Training Log can be found on page 13.

VETERINARY SURGERY RESIDENCY PROGRAM

(Adopted 2/9/1989; Amended 2/2004)

To meet one of the criteria for admission regarding having devoted a minimum of four years after graduation from veterinary school to special training and experience in veterinary surgery, the following sequence of training is to be used:

1. A rotating veterinary internship or its equivalent as defined by the ACVS.
2. A three-year Veterinary Surgery Residency, as defined below.

PROGRAM DESCRIPTION

- I. **Definition:** A Veterinary Surgery Residency Program is a training program allowing a graduate veterinarian ("resident") to acquire in-depth knowledge of veterinary surgery and its supporting disciplines under the supervision and guidance of Diplomates of the American College of Veterinary Surgeons ("Diplomate").
- II. **Objectives of a Veterinary Surgery Residency Program:**
 - A. To promote aptitude and clinical proficiency in the diagnosis, operative treatment and postoperative management of animals with surgical disease(s).
 - B. To instruct the resident in the science and practice of veterinary surgery and its supporting disciplines.
 - C. To provide the resident with the opportunity to pursue career goals in teaching, research, clinical service and/or specialty practice.
- III. **Program Requirements:** A Veterinary Surgery Residency Program ("program") shall consist of a minimum of three (3) years (156 weeks) of supervised training, postgraduate education and clinical experience in the science and practice of veterinary surgery and its supporting disciplines under the supervision of at least one (1) ACVS Diplomate who participates actively in that program; at least 12 weeks of training must be under an alternate ACVS Diplomate. *The ACVS Diplomate(s) acting as Program Director and Resident Advisor must be in the same institution as the resident for the majority of the program.* Residents must choose to follow either the Large Animal or Small Animal Curriculum. Residencies must be completed before August 1 of the year credentials are submitted. All residents must be officially registered with the ACVS at the start of their program and must re-register upon any change of program location. An alternative training program must meet the same criteria but may be done over a longer time period.

*All residency requirements must be met within six (6) **consecutive** years of program initiation.* Additionally, prospective candidates should be aware of the 5-year limit on the date of publication described under **Criteria for Acceptance of a Publication, p. 7**. A brief outline of requirements to be completed during the residency program can be found in the **Residency Program Overview Checklist, pp. 9-11**. The policies and procedures outlined

in this brochure are in effect for residencies that begin during the period July 1, 2008 – June 30, 2009.

- A. Prerequisite: Prospective residents will be required to have broad training and experience in clinical veterinary medicine and surgery and their supporting disciplines, which must be attained by participation in an internship of 12 months duration or its equivalent.
- B. Graduate degree studies: Graduate degree studies may be included in the program.
- C. Continuing education programs: Continuing education programs, as the sole method of training, will not meet the requirements for certification as a Diplomate.

IV. Facilities, Services and Equipment Required for a Veterinary Surgery Residency Program:

- A. Medical library: A library containing recent textbooks and current journals relating to veterinary surgery and its supporting disciplines must be accessible.
- B. Medical records: A complete medical record must be maintained for each individual case and those records must be retrievable.
- C. Radiographic services: Appropriate equipment for comprehensive diagnostic imaging and image processing must be available.
- D. Pathology services:
 - 1. Clinical pathology: A clinical pathology laboratory for hematologic, clinical chemistry, microbiologic and cytologic diagnosis must be available. Clinical pathology reports must be retained and retrievable.
 - 2. Anatomic pathology: A separate room for gross pathologic examination must be available. Facilities for histopathologic examination of surgical and necropsy tissues must be available. Anatomic pathology reports must be retained and retrievable.
- E. Surgical facilities:
 - 1. Operating suite: The operative suite must be consistent with current concepts of aseptic surgery. The sterile surgery room(s) must be of appropriate size for the patient, staff and associated equipment. The sterile surgery room(s) must be ventilated according to current concepts of aseptic surgery. Emergency lighting must be available. Adjacent room(s) shall be provided for induction and postoperative recovery. It is recommended that dentistry and surgery of infected wounds should not be performed in the sterile surgery room.
 - 2. Anesthetic and critical care equipment: An anesthetic machine that delivers anesthetic gases, a positive-pressure ventilator and a physiologic recorder, including blood pressure and electrocardiographic monitoring, are required.
 - 3. Surgical instrumentation: A full complement of general and special instrumentation for diagnostic and operative surgery of all body systems must be available.
 - 4. Photography: Photographic equipment for documentation of surgical disease is required.
 - 5. Sterilization: Steam and gas sterilization of surgical instrumentation and supplies must be available, and the sterilization capacity must be commensurate with the surgical caseload.

V. Specific Program Description:

- A. Surgical service rotations facilitate development of knowledge, skill and proficiency in veterinary surgery via exposure to a wide variety of surgical diseases with the guidance and collaboration of experienced veterinary medical specialists.
 - 1. At least 94 weeks of the 156-week program must be spent on a surgical service under the direction of an ACVS Diplomate; of these 94 weeks, at least 12 must be

under an alternate ACVS Diplomate. All 156 weeks are recorded in the Activity section of the Resident Training Log.

Rotations may be counted as "Supervised by an ACVS Diplomate" in the following situations:

- a) Rotations supervised by an ACVS Diplomate (**Participation of the Diplomate, III. Diplomate Supervisor, pp.12-13**).
 - b) Neurosurgery: For residents training at institutions where neurosurgery is not performed by Diplomates of the ACVS, rotations on neurosurgical services headed by ACVIM Diplomates (Neurology) may be counted toward any of the Residency Program's 156 weeks including supervised surgery rotations. Note: Neurology weeks counted as Diplomate supervised surgical rotation weeks must be exclusive of those counted as special rotations in internal medicine. (**Specialty Service Training, B, 3, p. 5.**) Rotations on neurological services headed by individuals who are not ACVS or ACVIM (Neurology) Diplomates must be counted as "Surgical Rotations Not Supervised by an ACVS Diplomate."
 - c) Ophthalmology: For residents training at institutions where ophthalmology surgeries are not performed by Diplomates of the ACVS, rotations on ophthalmology services headed by ACVO Diplomates may be counted toward any of the Residency Program's 156 weeks including supervised surgery rotations. Rotations on ophthalmology services headed by individuals who are not ACVS or ACVO Diplomates must be counted as "Surgical Rotations Not Supervised by an ACVS Diplomate."
 - d) Dentistry & Oral Surgery: For residents training at institutions where dental surgeries are not performed by Diplomates of the ACVS, rotations on dentistry services headed by AVDC Diplomates may be counted toward any of the Residency Program's 156 weeks including supervised surgery rotations. Rotations on dentistry services headed by individuals who are not ACVS or AVDC Diplomates must be counted as "Surgical Rotations Not Supervised by an ACVS Diplomate."
2. Resident Responsibilities: The degree of responsibility assumed by the resident shall be appropriate to the nature of the surgical procedure and training experience. The resident on a surgical service shall be responsible for:
- a) Receiving clinic appointments and obtaining history and pertinent information from client
 - b) Supervising daily management of hospitalized animals
 - c) Participating in clinical teaching
 - d) Providing optimal clinical service and prompt professional communications
3. A minimum of 400 surgical procedures will be required in the small animal curriculum (**ACVS Form 2-SA, pp. 24-25**) and 300 procedures in the large animal curricula (**ACVS Form 2-EQ, pp. 20-21; ACVS Form 2-LA, pp. 22-23**). Each of these curricula is subdivided into Core Curriculum Categories. Residents must perform a minimum number of procedures within each of these categories. These procedures are tracked using the Cases section of the Resident Training Log.
- a) Only one procedure per patient per anesthetic episode may be used in fulfillment of the Core Curriculum; multiple procedures done on the same patient during the same anesthetic period may NOT be entered into multiple Core Curriculum categories. Animals undergoing bilateral procedures may be counted only once per anesthetic episode in the Surgery Case Log.
 - b) Research surgeries can be counted toward core curriculum requirements only if the surgical procedure performed was for treatment of spontaneously occurring disease.
 - c) All surgical cases should be recorded except diagnostic work-ups without surgery. In addition, non-operative or minor procedures should not be included in the case log. Such procedures include:

- Closed reduction of coxofemoral luxation
 - Cast changes/application/removal
 - Diagnostic endoscopy
 - Drain abscess
 - Chest tube placement
 - Feline DDF tenectomy
 - Simple implant removal (e.g., transphyseal bridge removal – equine)
 - Simple TPLO plate removal
 - Simple screw removal
 - Changing dental packing
 - Routine dental extraction
 - PEG tube placement (endoscopic)
 - External fixator removal
 - Incisional biopsy
 - Aural hematoma drainage
 - Minor lumpectomies
 - Castration – Small animal
 - Elective ovariohysterectomy – Small animal
 - Declaw – Small animal
 - Dental prophylaxis
 - IV antibiotic or distal limb perfusion
 - Arthrocentesis
 - Joint/tendon sheath lavage
 - Flushes
 - Intraosseous infusion
 - Rectal prolapse (unless surgical)
 - Floating teeth
 - Intratracheal stents
 - Peripheral lymph node excision
4. The Resident Credentialing Committee recommends that first-year residents perform at least 50% of their procedures with a Diplomate at the operating table.
 5. At least 50% of each Core Curriculum Category (ACVS Form 2) must be directly supervised by a Diplomate of the ACVS or, when appropriate, by a Diplomate of ACVIM (Neurology), a Diplomate of ACVO or a Diplomate of AVDC. Direct supervision is defined as the Diplomate being present at the operating table or in the operating room. Specific case number requirements can be found on the Core Curriculum forms (**ACVS FORM 2-EQ, pp. 20-21; ACVS FORM 2-LA, pp. 22-23, ACVS FORM 2-SA, pp. 24-25**)
- B. Specialty service training in anesthesiology, radiology, internal medicine/critical care and pathology (these hours reported in the Specialty Services section of the Resident Training Log):
1. Anesthesiology: The surgery resident anesthesiology training requirement includes a minimum of 80 hours, supervised directly or indirectly by an ACVA Diplomate, which might include routine and emergency patient care, journal clubs, literature reviews, case discussions, seminars and graduate courses. This requirement must be fulfilled under a program mutually agreeable to the ACVS and ACVA Diplomates at the institution(s) involved in the surgery residency program and the anesthesiology training requirement.
 2. Radiology: The surgery resident radiology training requirement includes a minimum of 80 hours, supervised directly or indirectly by an ACVR Diplomate, which might include participation in patient care, special diagnostic procedures, radiology rounds, journal clubs, case discussions, seminars, various imaging modalities, therapeutic procedures and graduate courses. This requirement must be fulfilled under a program mutually agreeable to the ACVS and ACVR Diplomates at the institution(s) involved in the surgery residency program and the radiology training requirement.
 3. Internal Medicine/Critical Care: The surgery resident internal medicine/critical care training requirement includes a minimum of 80 hours, supervised directly or indirectly by an ACVIM or ACVECC Diplomate, which might include routine and emergency patient care, journal clubs, literature reviews, case discussions, seminars and graduate courses. This requirement must be fulfilled under a program mutually agreeable to the ACVS and ACVIM/ACVECC Diplomates at the institution(s) involved in the surgery residency program and the internal medicine and/or critical care training requirement. The internal medicine specialty rotation should consist of general internal medicine, not a subspecialty (neurology, cardiology or oncology). Weeks counted toward special rotations in internal medicine should be exclusive of those counted as surgical rotations supervised by an ACVIM Diplomate (Neurology) as described in **Specific Program Description, A,1, pp. 3-4**. The 80 hours may consist solely of internal medicine rotations, solely of critical care rotations or be split between

these two specialties. Internal medicine rotations require an ACVIM Diplomate supervisor; critical care rotations require an ACVECC Diplomate supervisor.

4. Pathology: The surgery resident pathology training requirement includes a minimum of 80 hours, supervised directly or indirectly by an ACVP Diplomate, which might include microscopic and gross pathology, pathology rounds, journal clubs, case discussions, seminars, surgical biopsy service, clinical case data interpretation and graduate courses. This requirement must be fulfilled under a program mutually agreeable to the ACVS and ACVP Diplomates at the institution(s) involved in the surgery residency program and the pathology training requirement.
- C. Emergency Duty: The resident must perform emergency surgery and manage emergency surgical cases.
- D. Residents must spend at least 31 weeks of their Program in any or all of the following Special Rotations:
1. Research or clinical investigation
 2. Preparation of scientific manuscripts
 3. Graduate degree studies
 4. National or international level continuing education courses
 5. Special veterinary rotation with the approval of the Resident Advisor
 6. Special rotation at a human medical hospital
 7. Anesthesiology, radiology, internal medicine/critical care and pathology ACVS requirements
 8. Up to six (6) weeks of vacation time over the course of the program may be counted toward this requirement.
- E. The balance of the resident's program is left up to the discretion of the Program Director.
- F. Conferences:
1. Required Attendance: During surgical service rotations, the resident is required to attend surgery residents' conferences and surgery ward rounds.
 2. Optional Attendance: The following conferences are recommended for attendance:
 - a) veterinary specialty oriented conferences (e.g., ophthalmology, neurology, internal medicine)
 - b) scientific journal clubs
 - c) other scientific presentations, including human medical conferences
- G. Residency Program Documentation: Residents are required to document the progress of their programs through use of the web-based Resident Training Log (**Documentation of Training by the Resident, p. 13**). The ACVS Resident Credentialing Committee will evaluate this training on an annual basis. The committee may review training more frequently; however, the official review period begins August 1.
- For residents whose programs start after July 25, an extension may be requested from the ACVS Board of Regents for the submission of their Credentials Application. This petition must be submitted prior to the end of the resident's second program year. The petition must be made in writing and sent to the Board in care of the ACVS office for arrival on or before August 1.
- H. Research and Publications:
1. Research Project: The resident must complete an investigative project that uses the scientific method. It is recommended that this project be initiated in Year 1 of the residency program.
 2. Publications: In keeping with the Constitutional objectives of the ACVS, each credentials applicant must demonstrate willingness to contribute to the literature. In addition to contributing to the literature, manuscripts originating from basic or clinical research enhance a resident's education by the learning of scientific methodology, which may lead to the discovery of new concepts, or substantiate or refute established methods. Manuscripts

should demonstrate intellectual curiosity and should further the state of surgical knowledge or other closely related biological sciences.

a) Criteria for Acceptance of a Publication

The minimum requirement is one publication fulfilling the following criteria:

- i. The applicant must be first or sole author. The publication must have resulted from the applicant's research or clinical investigation.
- ii. The date of publication cannot be more than five years old by the deadline for credentials submission. The manuscript must be accepted for publication prior to August 1 of the year of application.
- iii. The manuscript must be accepted by a publication on the **Approved Journals List, p. 26**. A manuscript is considered accepted when the author receives a letter of acceptance from the editor and further review by a reviewer is not required. ACVS considers a reviewer to be an outside reviewer and not an employee (editor) of the journal. Editorial notations or changes affecting sentence structure are acceptable. A copy of the accepted version of the manuscript (including all images, tables and figures) OR, if in print, a copy of the published manuscript showing the date of publication must be submitted in the Credentials Application.

An emailed letter of acceptance from the editor of any journal on the Approved Journals List can be submitted in lieu of a paper letter from the journal, provided that the following conditions are met:

- a. The email must contain the date of acceptance in the body of the message (not simply in the header).
- b. The email must indicate the name of the manuscript.
- c. The print out of the email must show all routing information in the message header.

If a resident wants to publish in a journal not on the current Approved Journals List, a petition must be made to the Board of Regents, see **Item b, Petition to Add Publication to Approved Journals List, pp. 7-8**.

- iv. The manuscript must follow the scientific method, containing:
 - a. an introductory statement which summarizes the reason for the study,
 - b. a clearly stated hypothesis or objective,
 - c. an appropriate description of techniques used to satisfy the hypothesis or objective,
 - d. a report of the results appropriate to the study,
 - e. a discussion which interprets the results and their relation to the original hypothesis or objective, and
 - f. a conclusion which summarizes the importance of the study.

Items a-f above need not be set apart under separate headers (i.e., Introduction, Materials and Methods, etc.) within the manuscript; some journals do not have such headers. However, these items must be clearly identifiable by the reviewers to constitute an acceptable publication.

- v. Papers such as book chapters, proceedings, review articles and case reports are not acceptable.
- vi. The information in the publication must not have been published previously by the same author, other than in abstract or proceedings form.
- vii. Clinical studies, which fulfill the above criteria, are acceptable.
- viii. The publication must be written in or fully translated to the English language.

Note: A candidate who is resubmitting a credentials application after three unsuccessful attempts at the examination is not required to resubmit a publication.

b) Petition to Add Publication to Approved Journals List

If a resident wants to publish in a journal not on the current **Approved Journals List (p. 26)**, and submit this publication as part of the Credentials Application, the resident should petition the Board of Regents to determine if the journal should be added to the Approved Journals List. The petition must include the journal title and relevant

information (e.g., acceptance rate of manuscripts, summary of the review and editorial process, composition of the editorial board). In order for a journal to be considered, the journal must be listed on MEDLINE when submitted for approval by the RCC. The petition should be sent to the Resident Credentialing Committee c/o the ACVS office for receipt by August 1 prior to the year the resident intends to submit a Credentials Application.

The Resident Credentialing Committee will review the journal to see if it is acceptable with regard to being peer reviewed, having strenuous acceptance criteria and adhering to the scientific method and will submit a recommendation to the Board of Regents. The Board of Regents will review the Resident Credentialing Committee's recommendation at its February Board meeting and will make a final determination as to whether the journal will be added to the Approved Journals List. The resident will be notified in writing of the Board's decision. Any additions to the Approved Journals List will be published in the Spring ACVS *Newsletter* and the next *Residency Program Guidelines*.

c) Optional Early Review of Publication Accepted in an Approved Journal

Proof of having met the publication requirement must be submitted as part of the Credentials Application. Residents can request an optional early review of the publication from the Resident Credentialing Committee. These requests will be reviewed annually by the Resident Credentialing Committee. Requests must arrive at the ACVS office on or before August 1. Residents will be notified of the outcome following the annual RCC meeting at the ACVS Symposium (typically held in October).

The Early Publication Review request will consist of four (4), stapled packets including:

- i. A letter addressed to the RCC requesting early review of the manuscript AND either option 2a or 2b below
- ii. Manuscript, choose option a or b
 - a. A letter or email (**Criteria for Acceptance of a Publication, iii, p. 7**) from the journal editor indicating acceptance of the manuscript and the accepted version of the manuscript
 - b. A copy of the published manuscript, indicating the date of publication

Mail packets for receipt at the ACVS office on or before August 1.

I. Seminar and Teaching Responsibilities:

1. Seminar Requirement: The resident must present a minimum of 6 different seminars during the program. Seminars may not include multiple presentations of the same topic or lecture. These seminars must be documented in the Resident Training Log.
2. Definition of Seminar: An oral scientific presentation that is followed by a discussion period.
 - a) Program Directors need to be sure that their residents do in-depth presentations to peer audiences.
 - b) Lectures to students that are supervised, attended and critiqued by faculty can be counted toward this requirement.
 - c) Unsupervised lectures, case rounds presentations, presentations to audiences consisting solely of veterinary students or reviews of single journal articles will not count towards this requirement.
3. Surgery Residents' Rounds Presentations: The resident must regularly present cases at surgery residents' rounds. The Resident Advisor must attest to the resident's attendance at rounds on a weekly or bi-weekly (every two weeks) basis.
4. Clinical Teaching: The resident is required to participate in the clinical education of graduate veterinarians and/or veterinary medical students assigned to the surgical service rotations.

J. Evaluation of the Resident:

1. Residents must meet with their Resident Advisor at least twice a year for evaluation of performance and progress. The Resident Advisor must document this evaluation as part of

the Semi-Annual Review section of the Resident Training Log (**Resident Advisor, F, d, p. 12**). The Program Director must verify the contents of the Semi-Annual Review.

2. The ACVS is responsible for:
 - a) Evaluation of each resident's progress annually as documented in the Resident Training Log, and
 - b) Communication of deficiencies to the Program Director, Resident Advisor and resident. If there are deficiencies deemed to be significant to the Resident Credentialing Committee's (RCC) ability to evaluate thoroughly a Resident's progress, the resident may be required to correct and resubmit training items.

VI. Program Questions or Concerns: Any resident who has a concern with his/her residency program should discuss the question or concern with his/her Program Director or appropriate local institutional official. If the question or concern cannot be satisfactorily addressed at the local level and the resident believes the ACVS can be of assistance, then a letter should be directed to the Chair of the Resident Credentialing Committee in care of the ACVS office. Issues that cannot be addressed by the Resident Credentialing Committee will be forwarded to the Board of Regents.

Additionally, the Residency Program Facilitator is available to assist with questions or concerns. This ACVS Diplomate serves as an advisor for Residency Programs to ensure that the programs can meet the requirements set forth by the ACVS for residency programs. ACVS also has an Ombuds who can help facilitate with issues that have not been resolved through traditional channels.

Contact information for the Residency Program Facilitator, Chair of the Resident Credentialing Committee and Ombuds can be found on the ACVS web site in the Information Brochure section, **Chapter 9 – College Activities.**

VII. Discontinuing a Residency Program: The Program Director is responsible for notifying the ACVS office within 60 days of a resident discontinuing a residency program at his/her institution. This notification should be included as part of the final Semi-Annual Review performed by the Resident Advisor at the time the resident leaves the program. Former residents should also contact the ACVS office to indicate intent to resume residency training in the near future or to discontinue permanently surgery residency training.

RESIDENCY PROGRAM OVERVIEW CHECKLIST

This list includes responsibilities of the Program Director, Resident Advisor and resident.

I. YEAR 1

- A. File Program Director's Statement (Form 1a) within first 30 days. Retain copy for Credentials Application.
- B. Develop Residency plan (see **Program Description, pp. 2-9**).
 1. Must include 94 weeks ACVS Diplomate supervised clinics, 31 weeks Specialty Rotations.
 2. Specialty service training – 80 hours in each required specialty (anesthesiology, radiology, pathology, internal medicine/critical care).
 3. Identify Resident Advisor during first calendar quarter.
 4. Publication/research (Publication must be accepted by approved journal prior to August 1 of the year in which credentials are submitted.)
 5. Review Core Curriculum (Forms 2-EQ, 2-LA, 2-SA)
- C. Initiate documentation of training using the web-based Residency Training Log. Submit items for verification by the Resident Advisor or approval by the appropriate specialty board Diplomate .
 1. Surgery cases
 2. Activity weeks
 3. Seminars

- 4. Specialty service rotations
- 5. Supervisors
- D. File Registration of Resident Advisor (Form 1b) within first calendar quarter. Retain copy.
- E. Hold performance and progress review with Resident Advisor (RA) twice yearly. The Resident Advisor should approve log items and complete a Semi-Annual Performance Review online. The Program Director needs to verify the review online.
- F. The resident should complete entry of all log items in the Resident Training Log prior to each Semi-Annual Review. All Year 1 training needs to be entered online and verified by the Resident Advisor on or before August 1. The Program Director must verify the Semi-Annual reviews for the year by August 1.
- G. If desired, resident should send request for early publication review to the ACVS for arrival on or before August 1. (**Optional Early Review, p. 8**).
- H. For residency programs that start after July 25, submit petition to Board of Regents for extension of the Credentials Application deadline from August 1 to August 10. Petition must be submitted in advance of the third year. Petitions must be made in writing and sent to the Board in care of the ACVS office.

II. YEAR 2

- A. Reconcile discrepancies in Year 1 documentation based on Resident Credentialing Committee (RCC) evaluation. Delete or resubmit declined log entries as needed.
- B. Continue to maintain the Resident Training Log. Review progress toward satisfactory completion of core curriculum requirements.
- C. Continue specialty training requirement. Training should be entered online and submitted for approval by the appropriate specialty board Diplomate.
- D. Continue with research project and publication preparation.
- E. Assess performance and progress in residency every 6 months with RA.
- F. All training items must be entered online by the resident and verified by the Resident Advisor for Year 2 by August 1. The Program Director must verify the Semi-Annual Review by August 1.
- G. If desired, submit publication for early review by the Resident Credentialing Committee (must be received on or before August 1 at the ACVS office).
- H. Submit request to the RCC for journal approval to the ACVS office on or before August 1 if targeted journal is not on the Approved Journals List.
- I. If not submitted in year 1, residency programs that start after July 25, submit petition to Board of Regents for extension of the Credentials Application deadline from August 1 to August 10.

III. YEAR 3*

- A. Read Credentials Application Guidelines. New guidelines are typically available in March.
- B. Reconcile declined items in Year 2 documentation based on RCC evaluation. Delete or resubmit items as needed.
- C. Continue to maintain all online documentation. Review progress in core curriculum, 94 weeks of supervised clinics and 31 weeks Special Rotations.
- D. Continue specialty training requirement. Submit rotations for approval by the specialty Diplomate as they are completed.
- E. Publication must be accepted before credentials application submission.
- F. Review performance and progress in residency every 6 months with RA.
- G. All training items must be entered online by the resident and verified by the Resident Advisor by August 1. The Program Director must verify the Semi-Annual Review by August 1.

- H. The Resident Advisor must initiate Program Completion in the web-based log after verifying all training, completing the final Semi-Annual Review and approval by the Program Director of the final review.
- I. If submitting a Credentials Application at the end of the third year :
 - a) Print out a copy of the Requirements Summary and Core Curriculum Summary pages of the online logs.
 - b) Print out a copy of the email notification of Program Completion.
 - c) Include all other required materials as outlined in the Credentials Application Guidelines

**Residents who have not completed their 156 weeks before August 1 will need to continue into the fourth year.*

PARTICIPATION OF THE DIPLOMATE, AMERICAN COLLEGE OF VETERINARY SURGEONS, IN THE VETERINARY SURGERY RESIDENCY PROGRAM:

- I. **Director of the Veterinary Surgery Residency Program (“Program Director”)**: The Program Director shall be responsible for the administration and continuity of the Program.
 - A. The Program Director must be a Diplomate of the ACVS in good standing.
 - B. The Program Director must be present at the same institution as the resident for the majority of the program.
 - C. One Program Director may administer small and large animal programs.
 - D. The Program Director is responsible for verification of pre-residency training, presence of suitable surgical facilities and equipment and access to specialists in other disciplines required for the entire duration (156 weeks) of an ACVS Residency Program.
 - E. The Program Director must register each resident with the ACVS office within 30 days of program initiation by sending a Program Director's Statement (ACVS Form 1a) to the ACVS office. A copy of the Program Director's Statement can be obtained from the ACVS web site. **(ACVS Form 1a, p. 17-18.)** Questions on page 2 of the form must be completed by the Program Director for all residents beginning programs July 1, 2008 or later. The Program Director should give a copy of this completed form to the resident, which should be retained by the resident. The resident will be required to submit a copy of the original signed Program Director's Statement in the Credentials Application.

NEW in 2008: Program Director's Statement modified with additional questions.

 - 1. The resident is not considered to be in an officially sanctioned ACVS Residency Program until this form is filed and the resident and Program Director have received confirmation of receipt of the Program Director's Statement from the ACVS office via email. Requests for retroactive approval of programs lacking such sanction will be denied.
 - 2. Program Directors must file a form for each resident under their supervision including transfers from other programs.
 - 3. A current Program Director's Statement must be filed for each resident when the Program Director changes. It is the responsibility of the new Program Director to file a new Program Director's Statement for each resident to signify the change in responsibilities.
 - 4. The Program Director must provide individual email addresses for both the Program Director and the resident. All communication regarding the residency training program will be via email.
 - F. The Program Director is responsible for assigning a Resident Advisor to each resident within the first calendar quarter after initiation of the residency program.
 - G. The Program Director is responsible for developing a residency training plan in conjunction with the Resident Advisor and resident that meets all ACVS veterinary surgery residency program requirements. Questions regarding this plan should be addressed to the Residency Program Facilitator or Chair of the Resident Credentialing Committee.

- H. The Program Director is responsible for evaluating the web-based Semi-Annual Review submitted by the Resident Advisor for each resident. All Semi-Annual Reviews must be verified by August 1.
- I. The Program Director is responsible for notifying the ACVS office within 60 days of a resident discontinuing a residency program at his/her institution. This information should be included in the final Semi-Annual review completed for the resident by the Resident Advisor.

II. Resident Advisor: The Resident Advisor shall be responsible for administration and evaluation of the general and specific program requirements for the resident.

- A. The Resident Advisor must be a Diplomate of the ACVS in good standing.
- B. The Resident Advisor must be in the same institution as the resident for the majority of the program.
- C. The Resident Advisor must file a Registration of Resident Advisor (ACVS Form 1b) for each resident with the ACVS office within the first calendar quarter of initiation of the program. A copy of the Registration of Resident Advisor form can be downloaded from the ACVS web site. **(ACVS Form 1b, p. 19)** The Resident Advisor should give a copy of this completed form to the resident, which should be retained by the resident. The resident will be required to submit a copy of the original signed Registration of Resident Advisor form in the Credentials Application.
- D. A Registration of Resident Advisor form must be filed for each resident when the Resident Advisor changes. It is the responsibility of the new Resident Advisor to file the Registration of Resident Advisor form to signify the change in responsibilities. The ACVS office will send confirmation of receipt of this form via email.
- E. The Resident Advisor must possess appropriate expertise for species germane to the training of the resident.
- F. The Resident Advisor is responsible for:
 - 1. Conducting semi-annual progress and performance evaluations with the resident.
 - 2. Verification of all elements of the web-based Resident Training Log:
 - a. Verification of all surgery cases.
 - b. Verification of all activity weeks. Note: all supervisors must still be listed for the Activity Log, but only the Resident Advisor "signs off" on the weekly activity.
 - c. Verification of all seminars.
 - d. Completion of online Semi-Annual Reviews that document the resident's attendance at rounds and the results of the semi-annual progress and performance evaluation and indicate whether the resident is continuing in the program. Note: documentation of specific components of the resident's training will not be submitted to the RCC until a Semi-Annual Review has been submitted by the Resident Advisor and approved by the Program Director for the six-month period during which those training items were completed. The Resident Advisor must complete verification and review on or before August 1 each year.
 - e. Verifying Program Completion in the Resident Training Log system when a resident has completed all training requirements and all items have been input by the resident and verified by the Resident Advisor in the RTL.
- G. The Resident Advisor must provide an individual email address to the ACVS. All communication regarding the residency training program will be conducted via email.

Clarification in 2008:
Program Completion
must be documented in
Resident Training Log.

III. Diplomate Supervisor: Diplomate supervisors are responsible for day-to-day training of the resident.

- A. The Diplomate Supervisor must possess appropriate expertise for species germane to the training of the resident and procedure.

- B. Diplomate supervisors must provide appropriate in-house supervision to train the resident. A Diplomate must provide the following supervision (defined on the Activity Log as a “Surgical Rotation Supervised by an ACVS Diplomate” week):
 - 1. Appropriate case consultation and presence on the clinic floor on a daily basis.
 - 2. Be in-house while the resident is performing non-emergency surgery.
 - 3. Be available for consultation when the resident is performing emergency surgery.
- C. At least 50% of each Core Curriculum Category (**ACVS Forms 2-EQ, 2-LA and 2-SA, pp. 20-25**) must be directly supervised by a Diplomate of the ACVS or, when appropriate, by a Diplomate of ACVIM-Neurology, a Diplomate of ACVO or a Diplomate of AVDC. Direct supervision is defined as the Diplomate being present at the operating table or in the operating room.
- D. One Diplomate may supervise up to two (2) residents concurrently while active on the clinic floor.
- E. Recently board certified veterinary surgeons can be counted as Diplomate supervisors beginning with the final date of the ACVS Certification Examination.
- F. All Diplomate Supervisors will need to be added to the Supervisors section of the Resident Training Log. An email address is required for all supervisors.

The Program Director, Resident Advisor and Diplomate Supervisor may be the same individual.

DOCUMENTATION OF TRAINING BY THE RESIDENT

The resident is responsible for:

- I. Completion of all veterinary surgery residency program requirements as defined in these guidelines, effective July 1, 2008 – June 30, 2009.
- II. Documentation of completion of all requirements using the web-based Resident Training Log: surgery cases, activity weeks, seminars, specialty service rotations and supervisor information. Items entered should be submitted for verification by the Resident Advisor or specialty service rotation supervisor. All training entries should be completed online prior to each semi-annual performance evaluation.
- III. Review of any items that have been declined by either the Resident Advisor or the Resident Credentialing Committee (RCC). Items declined by the RCC should be reviewed with the Program Director and Resident Advisor. These items should be deleted from the online system or amended as indicated by the Resident Advisor or RCC reviewers and submitted for further evaluation

RESIDENT TRAINING LOG

The Resident Training Log is the web-based residency documentation and evaluation program. The Program Director (PD), Resident Advisor (RA), resident and ACVS have responsibilities for documentation and verification of satisfactory training for each resident. It is strongly recommended that each participant in a Residency Program review the entire **Program Description (pp. 2-9)** of an ACVS Veterinary Surgery Residency Program.

All communication from the ACVS office regarding the Resident Training Log program will come from **residency@acvs.org**. Please add this address to your list of safe senders.

I. Sequence of Responsibilities:

- A. Upon receipt of the Program Director’s Statement at the ACVS office, ACVS will add the resident to the Resident Training Log database. An email notification will be sent to the resident regarding receipt of Form 1a; a copy of the email will be sent to the PD. A separate email will be sent to the resident with instructions and login information for the Resident Training Log.

- B. Upon receipt of the Registration of Resident Advisor, ACVS will add the RA to the resident's profile. An email notification will be sent to the resident regarding receipt of Form 1b; a copy of the email will be sent to the RA.
- C. The resident should begin entering cases, activity weeks, seminars, specialty service rotations and supervisors in the online log. The resident should submit all training items for verification by the RA once the advisor has been added to the online system.
- D. The RA should verify or decline all items in the Resident Training Log that have been submitted by the resident and are awaiting RA review.
- E. The resident will receive email notification regarding changes to be made to any item declined by the RA. The resident should make all necessary changes and resubmit the item for RA review. Similarly should the Resident Credentialing Committee (RCC) decline items later in the process, the resident should make changes as indicated and submit again.
- F. After the first six months of the training program, the RA should conduct a performance and progress evaluation. The RA should then complete a Semi-Annual Review in the Resident Training Log that reflects the results of the evaluation of the resident. This review should indicate the resident's attendance at rounds and whether the resident is continuing in the program.
- G. The PD should approve or decline the Semi-Annual Review as completed by the RA.
- H. Following PD approval, all items that have been verified by the RA and fall within the six-month period of the review will be submitted to the RCC for review.
- I. Steps C-F should be repeated for each six-month period of the residency program.
- J. Two members of the RCC will review all training log items that have been submitted for RCC review on or before August 1 each year. Should the RCC decline an item, the resident will receive an email notification regarding the changes to be made to the item. All items approved by the RCC will appear in the "Approved" column of the Requirements Summary and will count toward successful completion of ACVS requirements.
- K. At the end of the residency program, the Resident Advisor must indicate Program Completion in the Resident Training Log after all training has been verified by the RA and the final Semi-Annual Review has been verified by the RA and PD.

II. Accessing the Resident Training Log:

- A. Residents will be emailed their login information when they are added to the system.
- B. Program Directors, Resident Advisors and RCC members should use their standard ACVS web site login and password. Contact the ACVS office if you are unsure of this information.
- C. The Resident Training Log is located on the ACVS web site. The link can be found on any page of the website directly under the ACVS logo in the upper left corner of the screen: www.acvs.org/members or www.acvs.org/residents. The link will only work if you have already logged into the web site. Additionally, if you login directly from the main ACVS web page, www.acvs.org, a link will appear below the "Welcome Back" message. Screen shots are on the next page.
- D. After login, residents will see the requirements summary page. Program Directors, Resident Advisors and RCC reviewers will be taken to a list of all residents for whom they are responsible.
- E. All screens in the Resident Training Log have instructions links which explain the purpose of the screen as well as any actions that can be performed. Instructions vary depending on the particular role of the user.

1. Log in on any of the pages of the web site.



2. Click on the Resident Training Log link.



LIST OF FORMS AND DOCUMENTS USED IN ACVS RESIDENCY PROGRAMS

These forms will be used by the resident, Resident Advisor and Program Director. Forms 1a and 1b can be downloaded from the ACVS web site (www.acvs.org/Residents/Documentation/) or (www.acvs.org/Members/ResidencyPrograms/).

I. ACVS Form 1a – Program Director’s Statement:

The Program Director is responsible for verification of pre-residency training and presence of suitable surgical facilities, equipment and supplies within 30 days of program initiation by sending a Program Director’s Statement to the ACVS office. The resident is not considered to be in an officially sanctioned ACVS Residency Program until this form is filed. Requests for retroactive approval of programs lacking such sanction will be denied. Program Directors must file a form for each resident under their supervision including transfers from other programs. A Program Director’s Statement must be filed for each resident when a Program Director changes.

II. ACVS Form 1b – Registration of Resident Advisor:

The Program Director must assign a Resident Advisor to each resident within the first calendar quarter of the resident’s program. The Resident Advisor is responsible for administration and evaluation of the general and specific program requirements for each resident. A Registration of Resident Advisor form must be filed with the ACVS office within the first calendar quarter of initiating the program. A new form must be filed for each resident when the Resident Advisor changes.

III. ACVS Form 2 – Large and Small Animal Curricula:

These documents describe the specific requirements for the Large Animal Curriculum (Equine Emphasis) (Form 2-EQ), Large Animal Curriculum (General) (Form 2-LA) and Small Animal Curriculum (Form 2-SA).

1. For the Large Animal Curricula: There are two Large Animal Curricula, one for residents with an Equine Emphasis and one that is more general. The resident must select either the Large Animal Curriculum (Equine Emphasis) or the Large Animal Curriculum (General) at the initiation of the residency program and indicate such on the Program Director’s Statement.
2. For the Small Animal Curriculum: For residents training at institutions where neurosurgery is not performed by Diplomates of the ACVS, rotations on neurosurgical services headed by individuals who are not ACVIM Diplomates (Neurology) must be counted as “Surgical Rotations Not Supervised By an ACVS Diplomate.” Rotations on neurosurgical services headed by ACVIM Diplomates (Neurology) may be counted toward any of the Residency Program’s 156 weeks including supervised surgery rotations.
3. For Large and Small Animal Curricula: For residents training at institutions where ophthalmology surgeries are not performed by Diplomates of the ACVS, rotations on ophthalmology services headed by individuals who are not ACVO Diplomates must be counted as “Surgical Rotations Not Supervised By an ACVS Diplomate.” Rotations on ophthalmology services headed by ACVO Diplomates may be counted toward any of the Residency Program’s 156 weeks including supervised surgery rotations.
4. For Large and Small Animal Curricula: For residents training at institutions where dental surgeries are not performed by Diplomates of the ACVS, rotations on dentistry services headed by individuals who are not AVDC Diplomates must be counted as “Surgical Rotations Not Supervised By an ACVS Diplomate.” Rotations on dentistry services headed by AVDC Diplomates may be counted toward any of the Residency Program’s 156 weeks including supervised surgery rotations.

IV. Approved Journals List

PROGRAM DIRECTOR'S STATEMENT

This form must be submitted to the ACVS office within 30 days after program initiation and within 30 days of a change in Program Director. The Program Director should give a copy of this completed form to the resident, which should be retained by the resident. The Program Director must notify the ACVS office within 60 days of a resident discontinuing a residency program at his/her institution.

To be completed by the Program Director:

I have read the current description of a Veterinary Surgery Residency Program as adopted by the American College of Veterinary Surgeons, and (resident's name) _____ has fulfilled the prerequisite requirements for admission to the Program and has initiated a (check one)

- Large Animal – Equine Emphasis Program Large Animal – General Program
 Small Animal Program

at (institution/practice) _____ beginning on (date: month/day/year) _____. I have read the current ACVS *Residency Program Guidelines* and attest that I can provide access to all facilities, equipment and specialists in other disciplines required for the entire duration (156 weeks) of an ACVS Residency Program. Additionally, I understand my responsibilities in the web based Resident Training Log documentation system.

Diplomate (print): _____

Signature: _____

Date: ____/____/____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Resident (print): _____

Degree: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Internship Site: _____

Note: questions on page 2 must be answered for all new residents.

Check if applicable: This form indicates a change in Program Director for an existing resident.
 Previous Program Director (Print Name): _____
 Date change becomes effective: _____

To be completed by the Program Director for all new residents:

Resident's Name: _____

To facilitate your resident's progress through the residency evaluation system, please answer the following:

1. Is this a full-time (three-year) program?

Yes No

If no, please provide a detailed explanation of the alternate training pathway.

2. Will training in this program occur at a single institution (i.e., residents will not have to rotate offsite to fulfill any requirements)?

Yes No

If no, please provide a detailed explanation.

Sample

3. Do you anticipate this resident's activity (manuscript preparation, research, study time, training in anesthesia, internal medicine/critical care, pathology, radiology, etc.) will be assigned as weekly rotations?

Yes No

If no, please provide a detailed explanation.

Please notify the ACVS office of any major changes in the resident's program that would alter the answers given above.

For Office Use Only

Received at ACVS Office:

Official Start Date: _____

(Form 1a, 06/09/2008)

REGISTRATION OF RESIDENT ADVISOR

This form must be submitted to the ACVS office within the first calendar quarter of the initiation of the program and of the date that a change of Resident Advisor becomes effective. The Resident Advisor should give a copy of this completed form to the resident, which should be retained by the resident.

To be completed by the Resident Advisor:

I have read the current ACVS *Residency Program Guidelines* as adopted by the American College of Veterinary Surgeons. I understand my role in the training and evaluation of this resident, including my responsibilities in the web-based Resident Training Log documentation system. Effective _____ (date: month/day/year), I have begun supervising _____ (resident's name) at _____ (institution/practice).

Diplomate (print): _____

Signature: _____

Date: _____ / _____ / _____

Address: _____

Telephone: _____

Email: _____

Sample

Resident (print): _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

(Check if applicable) _____ This form indicates a change in Resident Advisor.

Previous Resident Advisor (Print Name): _____

Date change becomes effective: _____

(Form 1b, 6/19/07)

LARGE ANIMAL CURRICULUM (Equine Emphasis)

The Large Animal Core Curriculum (Equine Emphasis)* consists of a minimum of 300 procedures. These procedures can be completed on any large animal species. Cases listed in the Surgery Logs to satisfy core curriculum requirements must be performed on live animals with spontaneously occurring disease. Procedures performed on cadaver limbs and dead animals are not allowed. Effective July 1, 1999, animals undergoing bilateral procedures may be counted only once per anesthetic period in the case log. Animals undergoing separate anesthetic episodes can be counted as undergoing separate procedures. These requirements need to be completed prior to applying to take the ACVS Certifying Examination. All residency requirements must be met within six (6) consecutive years of program initiation. Effective July 1, 2006, please note that there are no longer subcategory requirements for Arthroscopic Surgery.

Category	Minimum Surgeries	Minimum Directly Supervised
Abdominal Surgery Such as colic/gastrointestinal surgeries or intra-abdominal exploration.	45	23
Surgical Treatment of Angular Limb Deformities Such as periosteal strippings and transphyseal bridging.	6	3
Arthroscopic Surgery Such as carpus, fetlock, tarsocrural joint, femoropatellar joint and femorotibial joint.	30	15
Fracture Fixation Such as procedures utilizing bone plates and/or screws for fracture stabilization or arthrodesis. Do not include orthopedic implant removal or jaw wiring.	7	4
Surgery of the Foot Such as debridement of osteomyelitis, neurectomy and wounds of the foot.	5	3
Ophthalmic Surgery Such as eyelid lacerations, corneal-scleral transpositions, orbital reconstruction and orbital fractures.	2	1
Tendon/Ligament Injuries and Deformities Such as distal check desmotomy, proximal check desmotomy, tendon lacerations and other tendon procedures, including tenoscopy.	10	5

LARGE ANIMAL CURRICULUM (Equine Emphasis) continuation

Category	Minimum Surgeries	Minimum Directly Supervised
Urogenital Surgery Such as routine castration/surgery of the penis, cryptorchidectomy, rectovaginal procedures (lacerations, fistulae, urethroplasty), ovariectomy, ruptured bladder, caesarean section, patent urachus, and laparoscopic ovariectomy and cryptorchidectomy.	15	8
Upper Respiratory Surgery Such as prosthetic laryngoplasty and dental/paranasal sinus procedures. Tooth extracts not involving the paranasal sinuses should not be included in this category.	30	15
Wounds, Reconstructions and Debridements Including abdominal and inguinal hernia repair (excluding strangulating).	25	13
Subtotal of specified procedures:	175	
Minimum of an additional 125 surgeries of any type, excluding routine castration. Please note that additional surgical procedures should be classified under the categories listed above; if this is not possible, use the Other category . Surgeries such as jaw wiring and mandibular tooth extraction should be classified as Other. Surgeries classified in the Other category do not contribute toward the required number of Directly Supervised surgeries.	125	
TOTAL PROCEDURES:	300	

* There are two Large Animal Curricula, one for residents with an Equine Emphasis and one that is more general. The resident must select either the Large Animal Curriculum (Equine Emphasis) or the Large Animal Curriculum (General) at the initiation of the Residency Program and indicate such on the Program Director's Statement.

(Form 2 EQ, 06/19/07)

LARGE ANIMAL CURRICULUM (General)

The Large Animal Core Curriculum (General)* consists of the following minimum 300 procedures. These procedures can be completed on any large animal species. Cases listed in the Surgery Logs to satisfy core curriculum requirements must be performed on live animals with spontaneously occurring disease. Procedures performed on cadaver limbs and dead animals are not allowed. Effective July 1, 1999, animals undergoing bilateral procedures may be counted only once per anesthetic period in the case log. Animals undergoing separate anesthetic episodes can be counted as undergoing separate procedures. These requirements need to be completed prior to applying to take the ACVS Certifying Examination. All residency requirements must be met within six (6) consecutive years of program initiation. Effective July 1, 2006, please note that there are no longer subcategory requirements for Arthroscopic Surgery.

Category	Minimum Surgeries	Minimum Directly Supervised
Abdominal Surgery Such as colic/gastrointestinal surgeries or intra-abdominal exploration.	52	26
Surgical Treatment of Angular Limb Deformities Such as periosteal strippings and transphyseal bridging.	6	3
Arthroscopic Surgery Such as carpus, fetlock, tarsocrural joint, femoropatellar joint and femorotibial joint.	15	8
Surgery of the Foot Such as debridement of osteomyelitis, neurectomy and wounds of the foot.	5	3
Fracture Fixation Such as procedures utilizing bone plates and/or screws for fracture stabilization or arthrodesis. Do not include orthopedic implant removal or jaw wiring.	5	3
Ophthalmic Surgery Such as eyelid lacerations, corneal-scleral transpositions, orbital reconstruction and orbital fractures.	2	1
Tendon/Ligament Injuries and Deformities Such as distal check desmotomy, proximal check desmotomy, tendon lacerations and other tendon procedures, including tenoscopy.	10	5

LARGE ANIMAL CURRICULUM (General) continuation

Category	Minimum Surgeries	Minimum Directly Supervised
Urogenital Surgery Such as routine castration/surgery of the penis, cryptorchidectomy, rectovaginal procedures (lacerations, fistulae, urethroplasty), ovariectomy, ruptured bladder, caesarean section, patent urachus, and laparoscopic ovariectomy and cryptorchidectomy.	20	10
Upper Respiratory Surgery Such as prosthetic laryngoplasty and dental/paranasal sinus procedures. Tooth extracts not involving the paranasal sinuses should not be included in this category.	25	13
Wounds, Reconstructions and Debridements Including abdominal and inguinal hernia repair (excluding strangulating).	25	13
Subtotal of specified procedures:	165	
Minimum of an additional 135 surgeries of any type, excluding routine castration. Please note that additional surgical procedures should be classified under the categories listed above; if this is not possible, use the Other category. Surgeries such as jaw wiring and mandibular tooth extraction should be classified as Other. Surgeries classified in the Other category do not contribute toward the required number of Directly Supervised surgeries.	135	
TOTAL PROCEDURES:	300	

* There are two Large Animal Curricula, one for residents with an Equine Emphasis, and one that is more general. The resident must select either the Large Animal Curriculum (Equine Emphasis) or the Large Animal Curriculum (General) at the initiation of the Residency Program and indicate such on the Program Director's Statement.

(Form 2 LA, 06/19/07)

SMALL ANIMAL CURRICULUM

The Small Animal Core Curriculum consists of the following minimum number of surgical procedures. These procedures can be completed on any small animal species. Cases listed in the Surgery Logs to satisfy core curriculum requirements must be performed on live animals with spontaneously occurring disease. Procedures performed on cadaver limbs and dead animals are disallowed. Effective July 1, 1999, only one procedure per animal per anesthetic period may be counted in the Core Curriculum log. Core curriculum requirements need to be completed prior to applying to take the ACVS Certifying Examination. All residency requirements must be met within six (6) consecutive years of program initiation.

Category	Minimum Surgeries	Minimum Directly Supervised
Abdominal Surgery Abdominal surgery not associated with the gastrointestinal or urogenital tract, such as adrenalectomy, splenectomy, inguinal hernia and diaphragmatic hernia.	10	5
Gastrointestinal Surgery Such as exploratory with biopsies of liver or intestines, intestinal resection/anastomosis, partial gastrectomy, liver lobe excision, partial colectomy, portosystemic shunt ligation, gastropexy, cholecystectomy, cholecystoenterostomy and perineal hernia.	50	25
Head/Neck Surgery Such as ear canal ablation, salivary gland removal, bulla osteotomy, rhinotomy, mandibular fractures, partial maxillectomy or mandibulectomy, thyroidectomy, arytenoid lateralization for laryngeal paralysis, ophthalmic procedures, and staphylectomy.	25	13
Neurologic Surgery Such as intervertebral disc decompression/fenestration, thoracolumbar spinal fracture stabilization, atlantoaxial stabilization and lumbosacral disease.	40	20
Orthopedic Surgery Such as cruciate ligament repair, arthrodesis, limb amputation, fracture repair with external or internal fixation, total hip replacement, femoral head and neck ostectomy, triple pelvic osteotomy and joint exploration. Do not include cast placement or external fixator removal.	130	65
Skin/Reconstructive Surgery Such as skin graft, pedicle flap, axial pattern flap, degloving injuries, perianal fistulas, removal of major superficial tumors, mastectomy and anal sacculectomy. Do not include uncomplicated removal of cutaneous or subcutaneous masses.	35	18

SMALL ANIMAL CURRICULUM continuation

Category	Minimum Surgeries	Minimum Directly Supervised
Thoracic Surgery Such as exploratory thoracotomy, including sternotomy, ligation of patent ductus arteriosus, lung lobectomy, esophagotomy, and pericardiectomy. Do not include thoracostomy tube placement.	20	10
Urogenital Surgery Such as cystotomy, ectopic ureter repair, perineal or scrotal urethrostomy, prescrotal urethrotomy, nephrectomy, ovariohysterectomy for pyometra, and prostatic surgery.	35	18
Subtotal of specified procedures:	345	
Minimum of an additional 55 surgeries of any type (to exclude routine ovariohysterectomies, castration, declaws, dental prophylaxis and other minor procedures). Please note that additional surgical procedures should be classified under the categories listed above.	55	
TOTAL PROCEDURES:	400	

(Form 2-SA, 06/19/07)

APPROVED JOURNALS LIST

VETERINARY JOURNALS

American Journal of Veterinary Research
Australian Veterinary Journal
Canadian Journal of Veterinary Research
Canadian Veterinary Journal
Equine Veterinary Journal
Journal of Small Animal Practice
Journal of the American Animal Hospital
Association
Journal of the American Veterinary Medical
Association
Journal of Veterinary Emergency and Critical
Care
Journal of Veterinary Internal Medicine
Journal of Veterinary Pharmacology and
Therapeutics
New Zealand Veterinary Journal
The Veterinary Journal
Veterinary Anesthesia and Analgesia
Veterinary Comparative Orthopedics and
Traumatology
Veterinary Pathology
Veterinary Radiology and Ultrasound
Veterinary Record
Veterinary Surgery
Veterinary Therapeutics: Research in Applied
Veterinary Medicine

NON-VETERINARY JOURNALS

American Heart Journal
American Journal of Pathology
American Journal of Physiology
American Journal of Surgery
American Journal of Sports Medicine, The
Anatomical Record
Anesthesiology
Arthritis and Rheumatism
Arthroscopy: The Journal of Arthroscopic and
Related Surgery
Bone
Cancer
Clinical Orthopaedics and Related Research
Journal of Applied Physiology
Journal of Bone and Joint Surgery
Journal of Bone and Mineral Research
Journal of Clinical Investigation
Journal of Investigative Surgery
Journal of Orthopaedic Research
Journal of Rheumatology
Journal of Surgical Research
Osteoarthritis and Cartilage
Plastic and Reconstructive Surgery

If a resident wants to publish in a journal not on the current Approved Journals List, a petition must be made to the Board of Regents, "**Petition to Add Publication to Approved Journals List,**" p. 8.

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